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Adventure Therapy and Adjudicated Youth

Introduction

The most recent figures place the number of juvenile arrests in the United States at 2.11 million. (OJJDP, 2009). In some states, children as young as 10 years old are incarcerated for violent offenses. Crowded juvenile facilities are often unable to meet the needs of these large numbers of youth. The cost to treat offenders within long-term residential facilities is expensive. States spend anywhere from \$4 million (in smaller states like Hawaii) to \$450 million in larger states such as California on their annual juvenile corrections budget (freelibrary.com, 2010). Locked confinement in a state juvenile correction institution can run in excess of \$60,000 annually (Tyler, Ziedenberg, and Lotke, 2006).

As an alternative to incarceration for adjudicated youth, several forms of adventure therapy programming have been used. Most of these programs were developed around the premise that the structure of the adventure experience and associated facilitation could produce beneficial changes more effectively than time spent within a locked treatment facility.

History and program evolution

Adventure therapy programs for juvenile delinquents date back to the beginning of the 1960s, with some small isolated efforts prior to this time (Kelly & Baer, 1971; Kelly, 1974). These programs vary in quality, mission, implementation, staffing, length, and clients. Because of the variance in these factors, confusion around program models has emerged and led to difficulties in the examination and generalization of the effectiveness of adventure therapy programs with juvenile offenders. Adventure therapy has been described in the literature in a variety of ways, including: adventure-based counseling, outdoor behavioral healthcare, challenge education, outdoor therapy, therapeutic adventure programs, therapeutic camping, wilderness therapy, and wilderness adventure therapy (Gillis, Gass, & Russell, 2009).

While numerous efforts have been made to establish a distinguishing definition for these programs, adventure therapy programs are probably best defined by where they occur. Gass (1993) described three settings where adventure therapy occurs: (1) adventure-based therapy - done primarily on challenge (ropes) courses and through the group development experiences associated with adventure therapy, (b) wilderness adventure therapy in



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\$747,549
savings when
utilizing an
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program as opposed
to YDC intervention.

wilderness settings, (c) outdoor therapeutic camping programs as the residential settings (e.g., stationary, residential living programs at camp). There is some contention around the idea of referring to a program as 'adventure therapy' if there is not in fact a therapist present. In those instances, programs have been referred to as therapeutic adventure programming, with the therapy moniker only being added if it is in fact supervised by a clinician. The conflation of these two types of programs does result in quite a bit of the evaluative confusion.

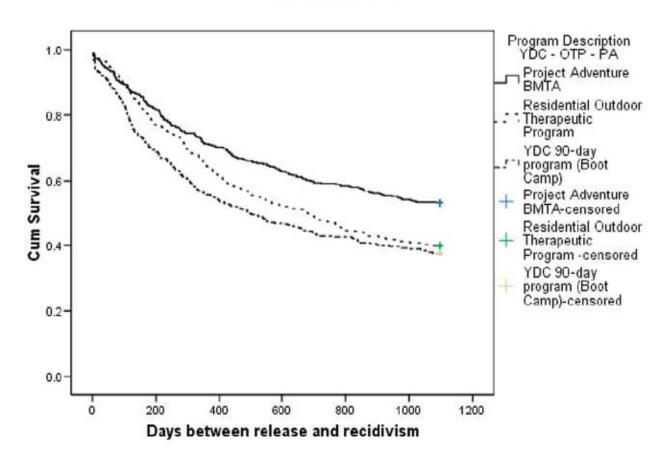
Some of these programs are short term and implemented as a diversion from courts for first time offenders. Other programs are longer in duration and used as a treatment intervention (or judges sentence youth to these programs) for those youth already adjudicated for an offense. Programs range in intensity levels, from low levels of adventure experiences (e.g., activities such as shelter building and day hikes) to greater levels of adventure experiences (e.g., more intense adventure activities like challenge courses, rock climbing, or wilderness expeditions). Almost all effective programs utilize small group forums to address client issues and needs as well as focus on enhancing the transfer of learning upon the youth's return home.

Research

Just as the type of adventure therapy programs are mixed, so are the outcome research findings associated with juvenile delinquency. Several studies criticize adventure therapy with adjudicated youth for having insignificant or no lasting evidence of effectiveness, including Aos, Miller, and Drake (2006), Brown, Borduin, and Henggeler, (2001), Moote and Wodarski (1997), and Wilson and Lipsey (2000).

Cason and Gillis (1994) conducted a meta-analysis of earlier research on these programs, finding that many studies analyzed were poorly designed and led to inconsistent results and the inability to determine the effectiveness of adventure programming with any certainty. However, the overall populations demonstrated positive change having participated in an adventure programming (Cason and Gillis, 1994; Hattie, Marsh, Neill, and Richards 1997). Hattie, et al, observed that out of the programs that demonstrated success, outcomes were only consistent with some participants, some instructors, and only certain program interventions. Future research needs to be more specific and focus on specific factors in adventure therapy influencing desirable outcomes. These factors should include matching the types of programs that work for participants' needs, including specific program models and elements; including but not limited to: facilitator training, foundational psychological theory, engagement and demographics etc.

Survival Functions



Gillis, H.L., Gass, M., and Russell, K. (2008). The Effectiveness of Project Adventure's Behavior Management Programs for Male Offenders in Residential Treatment. *Residential Treatment for Children and Youth*, 25(3), 227-247.

It is important to note that several authors have had positive results when specific criteria were followed with therapeutic programming. Russell (2001) found that adjudicated youth who go to jail instead of completing a wilderness program are two to three times more likely to commit additional crimes, and that wilderness programs take less time and have better outcomes than other forms of residential treatment. Using the Behavior Management through Adventure (BMtA) program for male offenders, Gillis, Gass, and Russell (2008) found that offenders who participated in these programs had a

statistically significant reduction in rates of rearrests over 1, 2, and 3 year periods when compared to offenders placed in Youth Development Centers (YDC) or outdoor therapeutic camping program (See figure above). Gillis and Gass (2010) found that the LEGACY program using BMtA principles demonstrated significant treatment effectiveness on re-arrest rates when compared with YDC and an outdoor therapeutic camping programs (OSP) both two and three years later. Gass and Gillis (2009) further reported that even though the LEGACY Program cost \$40 per day more than



the YDC program, its significant treatment effectiveness not only produced more non-recidivating youth, it also resulted in a savings of \$205,135 over the YDC "treatment as usual" program for each successfully treated adolescent. When compared to the Specialized Treatment Program, it also resulted in a \$747,549 savings for the State with these youth.

As recognized in these studies, the key to unlocking the understanding of what is an effective adventure therapy program for juvenile delinquents is the inclusion of certain critical elements. Gass (1993), and more recently in Gillis and Gass (2010), identified seven key

factors that seem to predominate the treatment elements of successful programs. These seven elements include treatment: (1) enhanced action-oriented experiences, through centered on the use of unfamiliar client environments, (3) producing a climate of functional change through the positive use of stress, (4) highly informed with client assessment, (5) conducted in a small group, supportive atmosphere, (6) focused on solution oriented principles and techniques, and (7) that changed the role of therapist to remain more "mobile" to actively design and frame interventions.



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